

State of California
State Water Resources Control Board
DIVISION OF WATER RIGHTS
P.O. Box 2000, Sacramento, CA 95812-2000
Info: (916) 341-5300, FAX: (916) 341-5400, Web: <http://www.waterrights.ca.gov>

REVOCATION REQUEST

Ladies and Gentlemen:

[Complete the appropriate phrase depending on your circumstances]

- The undersigned requests that License _____,
Permit _____ issued pursuant to Application _____ be revoked
- The undersigned requests that Permit _____, issued pursuant to Application _____
_____ be revoked
- The undersigned requests that Certificate _____, issued pursuant to Application _____
_____ be revoked

(Signature of right holder or authorized agent)

Dated: _____